

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
 Laboratory, 1900 W. Sunshine
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
 FINAL REPORT

Register Number : 07928-078 Age : 52yr
 Name : CHERRY, DARRYL Sex : M
 Location : FCI MCKEAN (MCK) Room :
 Admit. Physician: BEAM, MD Accession Number : 6410
 Order. Physician: BEAM, MD
 Collected : 01/26/05 @ 10:00 by: REFE

Test	Result	Flag	Reference Range/Units	Tech
LIVER PROFILE				
Urea Nitrogen	8		7 - 22 mg/dL	LN CK
Creatinine	1.1		0.6 - 1.6 mg/dL	LN CK
Total Protein	8.4	HI	6.0 - 8.2 g/dL	LN CK
Albumin	3.6		3.6 - 5.1 g/dL	LN CK
Alkaline Phos.	103		41 - 133 U/L	LN CK
AST (SGOT)	54		11 - 55 U/L	LN CK
LDH	340	LO	354 - 705 U/L	LN CK
Total Bilirubin	1.3		0.2 - 1.3 mg/dL	LN CK
A/G Ratio	0.77	LO	1.00 - 2.30	LN CK
Globulin	4.7	HI	2.0 - 3.7 g/dL	LN CK
ALT1 (SGPT)	51		11 - 66 U/L	LN CK
Direct Bilirubin	0.3		0.0 - 0.5 mg/dL	LN CK
Gamma GT1	79	HI	8 - 78 U/L	LN CK
Bilirubin Unconj	1.0		0.0 - 1.1 mg/dL	LN CK
Bun/Creat Ratio	7.6		5.0 - 30.0	LN CK
Bilirubin Conjug	0.0		0.0 - 0.3 mg/dL	LN CK

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : CHERRY, DARRYL
 Register Number : 07928-078
 Printed : 01/28/2005 @ 09:06

S. Czeka, MT
 S. Czeka, Med Tech.

REVIEWED BY

1M
 2/7/05
 H. BEAM, MD
 FCI MCKEAN
 Location : MCK
 Page : 1 of 1

600120



LabCorp Louisville Histology
 310 East Broadway
 Louisville, KY 40202

Phone: 502-584-2070

Patient Name CHERRY, DARRYL				Patient ID 07928-078		Specimen Number 014-Q28-0425-0		Account Number 37806845		Control Number 52757896620															
Sex M	Date of Birth	Age (Y/M/D) 51/11/25	Fasting	Patient Phone		Physician Name ASP, E			Physician ID ASP E																
Additional Information CO-SKL20054686						Account Federal Correctional Institute 00 McKean County Rt 59 & Big Shanty Road Lewis Run PA 16738 814-362-8900																			
Date and Time Collected 01/13/05 11:15		Total Volume		Date and Time Reported 01/17/05 15:12 ET																					
Tests Ordered Pathology Report; 88305 surg Path-1st Site																									
<table border="1"> <thead> <tr> <th>TESTS</th> <th>RESULT</th> <th>FLAG</th> <th>UNITS</th> <th>REFERENCE</th> <th>INTERVAL</th> <th>LAB</th> </tr> </thead> <tbody> <tr> <td colspan="7">Pathology Report</td> </tr> </tbody> </table>												TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB	Pathology Report						
TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB																			
Pathology Report																									

Material submitted:
 BIOPSY VERRUCA

L#

Pre-operative diagnosis:
 VERRUCA

L#

Post-operative diagnosis:
 NONE GIVEN

L#

Clinical history:
 VERRUCA

L#

 Diagnosis:
 IRRITATED VERRUCA VULGARIS
 CXM/01/17/2005

L#

Electronically signed:

L#

Janine Carole Malone, MD,
 Dermatopathologist

Gross description:

L#

SUBMITTED IN FORMALIN LABELED LEFT ANKLE IS A FRAGMENT OF
 TAN/YELLOW TISSUE MEASURING 0.2 X 0.2 X 0.2 CM. MARGINS INKED.
 THE SPECIMEN IS SUBMITTED AS RECEIVED.
 JXW/DXS

*PA - ASP
 margin*

ICD-9
 078.10

L#

CPT
 883051

*REVIEWED BY: [Signature]
 1/18/05
 H. BEAM, MD
 FCI MCKEAN*

L#

L#: LabCorp Louisville Histology 310 East Broadway, Louisville, KY 40202		Dir: James Meyers, MD
For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 502-584-2070		

S. Czokai, Med Tech.

CHERRY, DARRYL	07928-078	014-Q28-0425-0	Seq # 1447
-----------------------	------------------	-----------------------	------------

FINAL REPORT

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.
 If you have received this document in error, please call 412-937-1808

©2004 Laboratory Corporation of America © Holdings
 All Rights Reserved
 Ver: 1.01

000121



LabCorp Dublin
6370 Wilcox Road
Dublin, OH 43016-1296

Phone: 614-889-1061

Patient Name CHERRY, DARRYL				Patient ID 07928 078		Specimen Number 223-844-1123-0	Account Number 37806845	Control Number AJR37806845
Sex M	Date of Birth	Age (Y/M/D) 51/06/22	Fasting	Patient Phone		Physician Name <i>Beam</i>		Physician ID BEAM
Additional Information						Account Federal Correctional Institute 00 McKean County Rt 59 & Big Shanty Road Lewis Run PA 16738 814-362-8900		
Date and Time Collected 08/10/04 10:30		Total Volume	Date and Time Reported 08/13/04 15:09 ET					

Tests Ordered HCV QuantaSure Plus(Non-Graph)			
--	--	--	--

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

HCV QuantaSure Plus(Non-Graph)

International Units	3,100,000	IU/mL	TG
Please note:			TG

This test measures HCV RNA using real-time Polymerase Chain Reaction (PCR) technology. The assay was developed and its performance characteristics were determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

CB: LabCorp Dublin 6370 Wilcox Road, Dublin, OH 43016-1296	Dir: Rose Goodwin, MD
TG: LabCorp RTP 1912 Alexander Drive, RTP, NC 27709	Dir: Myla Lai-Goldman, MD
For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061	

RECEIVED HEALTH SYS.
 10/13/04 11:50:07

S. Czeka, mt
S. Czeka, Med Tech.

CHERRY, DARRYL	07928 078	223-844-1123-0	Seq # 1139
-----------------------	------------------	-----------------------	------------

FINAL REPORT

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 412-937-1808

©2004 Laboratory Corporation of America © Holdings

All Rights Reserved

Ver: 1.00

000122

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number	: 07928-078	Age	: 51yr
Name	: CHERRY, DARRYL	Sex	: M
Location	: FCI MCKEAN (MCK)	Room	:
Admit. Physician:	BEAM, MD	Accession Number	: 4343
Order. Physician:	BEAM, MD		
Collected	: 08/10/04 @ 10:30 by: RE		

Test	Result	Flag	Reference Range/Units	Tech
LIVER PROFILE				
Urea Nitrogen	10		7 - 22 mg/dL	RS CK
Creatinine	1.1		0.6 - 1.6 mg/dL	RS CK
Total Protein	9.0	HI	6.0 - 8.2 g/dL	RS CK
Albumin	4.6		3.6 - 5.1 g/dL	RS CK
Alkaline Phos.	104		41 - 133 U/L	RS CK
AST (SGOT)	68	HI	11 - 55 U/L	RS CK
LDH	335	LO	354 - 705 U/L	RS CK
Total Bilirubin	1.5	HI	0.2 - 1.3 mg/dL	RS CK
A/G Ratio	1.03		1.00 - 2.30	RS CK
Globulin	4.4	HI	2.0 - 3.7 g/dL	RS CK
ALT (SGPT)	55		11 - 66 U/L	RS CK
Direct Bilirubin	0.1		0.0 - 0.5 mg/dL	RS CK
Gamma GT	95	HI	8 - 78 U/L	RS CK
Bilirubin Unconj	1.4	HI	0.0 - 1.1 mg/dL	HS CK
Bun/Creat Ratio	9.5		5.0 - 30.0	RS CK
AlphaFetoprotein	6.7	HI	0.0 - 6.0 ng/mL	MS CK
Bilirubin Conjug	0.0		0.0 - 0.3 mg/dL	RS CK

S. Ozekai, Med Tech.

REVIEWED BY

H. BEAM, MD
FCIMCKEAN

Location : MCK
Page : 1 of 1

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : CHERRY, DARRYL
Register Number : 07928-078
Printed : 08/12/2004 @ 09:06

600123

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number	: 07928-078	Age	: 51yr
Name	: CHERRY, DARRYL	Sex	: M
Location	: MCK	Accession Number	: 1491
Admit. Physician	: BEAM, MD		
Order. Physician	: BEAM, MD		
Accession	: 00/10/01		

Test	Result	Flag	Reference Range/Units	Tech
LIVER PROFILE				
Urea Nitrogen	9		7 - 22 mg/dL	JN CK
Creatinine	1.0		0.6 - 1.6 mg/dL	JN CK
Total Protein	8.4	HI	6.0 - 8.2 g/dL	JN CK
Albumin	4.1		3.5 - 5.1 g/dL	JN CK
Alkaline Phos.	107		41 - 133 U/L	JN CK
AST (SGOT)	60	HI	11 - 55 U/L	JN CK
LDH	366		354 - 705 U/L	JN CK
Total Bilirubin	1.00		0.20 - 1.30 mg/dL	JN CK
A/G Ratio	0.96	LO	1.00 - 2.30	JN CK
Globulin	4.3	HI	2.0 - 3.7 g/dL	JN CK
ALT (SGPT)	51		11 - 66 U/L	JN CK
Direct Bilirubin	0.20		0.00 - 0.50 mg/dL	JN CK
Gamma GT	89	HI	8 - 78 U/L	JN CK
Bilirubin Unconj	0.8		0.0 - 1.1 mg/dL	HS CK
Bun/Creat Ratio	9.3		5.0 - 30.0	JN CK
Bilirubin Conj	0.00		0.00 - 0.30 mg/dL	JN CK

9	9
8	8
7	7
6	6
5	5
4	4
3	3
2	2
1	1

S. Czekał, Med Tech.

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : CHERRY, DARRYL
Register Number : 07928-078
Printed : 05/19/2004 @ 14:06

RECEIVED BY: [Signature] 5/22/04
Location : MCK
Page : 1 of 1
T. BEAM, MD
H. MCKEAN

000124

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS
 LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 07928-078 Age : 50
 Name : CHERRY, DARRYL Sex : M
 Location : FCI MCKEAN (MCK) Accession Number: 5361
 Physician : BEAM, MD "X" if Complete : [X]
 Collection Date: 11/04/2003
 Collection Time: 09:40
 Tests : Anti-HAV-IgM
 Ordered:

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
Anti-HAV-IgM	Negative		Negative	JN RY

-- End of Laboratory Report --

FCI MCKEAN HEALTH SVC.

NOV 14 PM 1:36

S. Czekaj, med
 S. Czekaj, Med Tech.

REVIEWED BY:

H. Beam
 11/14/03

H. BEAM, MD
 FCI MCKEAN

: CHERRY, DARRYL
 #: 07928-078
 : 11/14/2003 @ 12:32

Doctor : BEAM, MD
 Location: FCI MCKEAN (MCK)
 Sensitive L. O. U.

000125

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS
 LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 07928-078
 Name : CHERRY, DARRYL
 Location : FCI MCKEAN (MCK)
 Physician : MISCELLANEOUS DOCTOR *E. Asp, PAC*
 Collection Date: 10/20/2003
 Collection Time: 09:00
 Tests | HIV-Ab
 Ordered |

Age : 50
 Sex : M
 Accession Number: 8950
 "X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.	Clinical			
	ASP, P.A.			
HIV-Ab	Negative			
	DO NOT REMOVE REPORT FROM PATIENT CHART			
	-- End of Laboratory Report --			

NR SY CK

FCI MCKEAN HEALTH SVC.

03 NOV -4 AM 10:50

S. Czeka, MT
 S. Czeka, Med Tech.

Name : CHERRY, DARRYL
 Register#: 07928-078
 Printed : 10/23/2003 @ 12:00

Doctor : MISCELLANEOUS DOCTOR
 Location: FCI MCKEAN (MCK)
 Sensitive L.O.U.

REVIEWED BY:

H. Beam
 11/4/03

H. BEAM, MD
 FCI MCKEAN

000126

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 07928-078
Name : CHERRY, DARRYL
Location : FCI MCKEAN (MCK)
Physician : MISCELLANEOUS DOCTOR *E. Asp, PAC*
Collection Date: 10/06/2003
Collection Time: 12:19
Tests : COMP. METABOLIC; AlphaFetoprotein; CBC
Ordered:

Age : 50
Sex : M
Accession Number: 5334
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.	Non-Fasting			
COMP. METABOLIC				
Glucose	90		mg/dL 70 - 110	SY CK
Urea Nitrogen	13		mg/dL 7 - 22	SY CK
Creatinine	1.1		mg/dL 0.6 - 1.6	SY CK
SodiumI	139		mmol/L 137 - 148	SY CK
Potassium	4.0		mmol/L 3.5 - 5.0	SY CK
ChlorideI	105		mmol/L 99 - 114	SY CK
CalciumI	9.1		mg/dL 8.5 - 10.9	SY CK
Total Protein	8.5	HI	g/dL 6.0 - 8.2	SY CK
Albumin	4.1		g/dL 3.6 - 5.1	SY CK
Alkaline Phos.	142	HI	U/L 41 - 133	SY CK
AST(SGOT)	68	HI	U/L 11 - 55	SY CK
Total BilirubinI	1.00		mg/dL 0.20 - 1.30	SY CK
Cholesterol	177		mg/dL 140 - 200	SY CK
ALT1(SGPT)	68	HI	U/L 11 - 66	SY CK
AlphaFetoprotein	8.8	HI	ng/mL 0.0 - 6.0	SY CK
CBC				
White Blood Cell	4.9		10 ³ /uL 4.3 - 11.1	WL TE
Red Blood Cells	4.81		10 ⁶ /uL 4.46 - 5.78	WL TE
Hemoglobin	15.8		g/dL 13.6 - 17.6	WL TE
Hematocrit	47.7		% 40.2 - 51.4	WL TE
MCV	99.1	HI	fL 82.5 - 96.5	WL TE
MCH	32.9		pg 27.1 - 34.3	WL TE
MCHC	33.2		g/dL 33.0 - 35.0	WL TE
RDW	12.4		% 12.0 - 14.0	WL TE
PLT	214		10 ³ /uL 130 - 374	WL TE
MPV	10.7	HI	fL 6.9 - 10.5	WL TE
MANUAL DIFF				
Neutrophils	28	LO	% 50 - 70	KS TE
Lymphocytes	55	HI	% 20 - 40	KS TE
Monocytes	14	HI	% 2 - 8	KS TE
Eosinophils	3		% 1 - 3	KS TE
Morphology				
	Macrocytes 1+			KS TE
	Platelets Appear Adequate			

-- End of Laboratory Report --

Name : CHERRY, DARRYL
Register#: 07928-078
Printed : 10/08/2003 @ 10:36

Doctor : MISCELLANEOUS DOCTOR
Location: FCI MCKEAN (MCK)

Sensitive L. O. U.

S. Czeka, MD Med Tech.

REVIEWED BY:

HBR
10/8/03H. BEAM, MD
FCI MCKEAN

000127

(417) 862-7041, EXT. 454

FINAL REPORT

Ordered:

"X" if Complete : [X]

BUN	0.4	mg/dL	0.0	-	1.1	SI CK
Bun/Creat Ratio	7.8		6.0	-	30.0	TX CK

-- End of Laboratory Report --

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

2612

S. Czekał, Med Tech.

Printed : 08/26/2003 @ 13:33

Sensitive L. O. U.

REVIEWED BY:

H. BEAM, MD
FEL MCKEAN

000128

LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 07928-078 Age : 50
Name : CHERRY, DARRYL Sex : M
Location : FCI MCKEAN (MCK) Accession Number: 6563
Physician : BEAM, MD "X" if Complete : [X]
Collection Date: 05/29/2003
Collection Time: 09:10
Tests : LIVER PROFILE
Ordered:

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
LIVER PROFILE				
Urea Nitrogen	12		mg/dL 7 - 22	SY RY
Creatinine	1.0		mg/dL 0.6 - 1.6	SY RY
Total Protein	8.2		g/dL 6.0 - 8.2	SY RY
Albumin	3.8		g/dL 3.6 - 5.1	SY RY
Alkaline Phos.	132		U/L 41 - 133	SY RY
AST(SGOT)	57	HI	U/L 11 - 55	SY RY
LDH	386		U/L 354 - 705	SY RY
Total Bilirubin	1.20		mg/dL 0.20 - 1.30	SY RY
A/G Ratio	0.86	LO	1.00 - 2.30	TX RY
Globulin	4.4	HI	2.0 - 3.7	TX RY
ALT1(SGPT)	53		U/L 11 - 66	SY RY
Direct Bilirubin	0.20		mg/dL 0.00 - 0.50	TX RY
Gamma GT1	106	HI	U/L 8 - 78	SY RY
Bu	1.0		mg/dL 0.0 - 1.1	SY RY
Bun/Creat Ratio	12.0		5.0 - 30.0	TX RY

-- End of Laboratory Report --

FCI MCKEAN HEALTH SVC.

03 JUN -2 AM 6:14

Name : CHERRY, DARRYL
Register#: 07928-078
Printed : 05/30/2003 @ 15:15

Doctor : BEAM, MD
Location: FCI MCKEAN (MCK)
Sensitive L. O. U.

S. Czekaj
S. Czekaj, Med Tech.

REVIEWED BY:

H. Beam
6/2/03

H. BEAM, MD
FCI MCKEAN

000129

FEDERAL CLINICAL CENTER
2110 EAST CENTER STREET
Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
Darryl Aaberg (507) 287-0674

Page: 1
Printed: 03/22/2003 01:17

* * F I N A L R E P O R T * * *

Name: CHERRY, DARRYL

[8588]

ID: 07928-078

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

COMP METABOLIC

Glucose		134	HI	mg/dl	70	110
BUN	10			mg/dl	7	24
Creatinine-Serum	0.9			mg/dL	0.6	1.2
Calcium	9.7			mg/dl	8.6	10.4
Total Protein		9.3	HI	g/dl	6.3	8.3
Albumin	4.3			g/dl	3.5	5.0
Alkaline Phos.		160	HI	IU/L	49	126
AST		95	HI	IU/L	10	37
ALT		96	HI	IU/L	8	40
Total Bilirubin		1.4	HI	mg/dl	0.1	1.1
Sodium	136			mEq/L	136	146
Potassium	4.2			mEq/L	3.6	4.9
Chloride	101			mEq/L	98	108

COMP BLD CNT

White Blood Ct	5.4			X10 3/uL	3.5	10.5
Red Blood Ct	4.89			X10 6/uL	4.32	5.72
Hemoglobin	15.7			g/dl	13.5	17.5
Hematocrit	47.8			%	38.8	50.0
MCV		98	HI	f1	81	95
RDW	12.4			%	11.8	15.0
Platelet Ct	292			x10 3	150	450

RPR

Non-Reactive

Nonreact

-- End of Laboratory Report --

3/24/07
Paul Harvey MD

-----S E N S I T I V E-----
Test(s): COMP METABOLIC; COMP BLD CNT; RPR
ordered;

ID : 07928-078

Name: CHERRY, DARRYL

Ordered By: Harvey

Collected : 03/19/2003 10:20

DOB:

Lab Acn#: 8588

Age: 50 Sex: M

Loc: FDC Milan, MI

Reviewed

000130

LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 07928-078 Age : 49
Name : CHERRY, DARRYL Sex : M
Location : FCI MCKEAN (MCK) Accession Number: 8351
Physician : BEAM, MD "X" if Complete : [X]
Collection Date: 08/19/2002
Collection Time: 11:14
Tests : LIVER TEST; SodiumI; Potassium; ChlorideI
Ordered:

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
LIVER TEST				
Urea Nitrogen	11		mg/dL 7 - 22	SY CK
Creatinine	1.0		mg/dL 0.6 - 1.6	SY CK
SodiumI	140		mmol/L 137 - 148	SY CK
Potassium	4.1		mmol/L 3.5 - 5.0	SY CK
ChlorideI	108		mmol/L 99 - 114	SY CK
Total Protein	8.1		g/dL 6.0 - 8.2	SY CK
Albumin	4.1		g/dL 3.6 - 5.1	SY CK
Alkaline Phos.	117		U/L 41 - 133	SY CK
AST(SGOT)	66	HI	U/L 11 - 55	SY CK
LDH	373		U/L 354 - 705	SY CK
Total BilirubinI	1.60	HI	mg/dL 0.20 - 1.30	SY CK
A/G Ratio	1.02		1.00 - 2.30	TX CK
Globulin	4.0	HI	2.0 - 3.7	TX CK
ALT1(SGPT)	56		U/L 11 - 66	SY CK
Direct Bilirubin	0.50		mg/dL 0.00 - 0.50	TX CK
Gamma GT1	126	HI	U/L 8 - 78	SY CK
Bu	1.1		mg/dL 0.0 - 1.1	SY CK
Bun/Creat Ratio	11.0		5.0 - 30.0	TX CK

-- End of Laboratory Report --

REVIEWED BY:

H. Beam
8/24/02
H. BEAM, MD
FCI MCKEAN

S. Czeka
S. Czeka, Med Tech.

Name : CHERRY, DARRYL
Register #: 07928-078
Printed : 08/20/2002 @ 14:15

Doctor : BEAM, MD
Location: FCI MCKEAN (MCK)
.....
Sensitive L. O. U.

000131

U. S. M. C. CENTER FOR FEDERAL LABORATORY,
1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 07928-078
Name : CHERRY, DARRYL
Location : FCI MCKEAN
Physician : BEAM, MD
Collection Date: 05/20/2002
Collection Time: 10:50

Age : 49
Sex : M
Accession Number: 6367
"X" if Complete : [X]

Tests : LIVER TEST; SodiumI; Potassium; ChlorideI
Ordered!

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
LIVER TEST				
Urea Nitrogen	12		mg/dL 7 - 22	SY CK
Creatinine	1.1		mg/dL 0.6 - 1.6	SY CK
SodiumI	142		mmol/L 137 - 148	SY CK
Potassium	4.0		mmol/L 3.5 - 5.0	SY CK
ChlorideI	103		mmol/L 99 - 114	SY CK
Total Protein	8.4	HI	g/dL 6.0 - 8.2	SY CK
Albumin	3.9		g/dL 3.6 - 5.1	SY CK
Alkaline Phos.	111		U/L 41 - 133	SY CK
AST(SGOT)	68	HI	U/L 11 - 55	SY CK
LDH	387		U/L 354 - 705	SY CK
Total BilirubinI	1.20		mg/dL 0.20 - 1.30	SY CK
A/G Ratio	0.87	LO	1.00 - 2.30	TX CK
Globulin	4.5	HI	2.0 - 3.7	TX CK
ALT1(SGPT)	53		U/L 11 - 66	SY CK
Direct Bilirubin	0.50		mg/dL 0.00 - 0.50	TX CK
Gamma GT1	153	HI	U/L 8 - 78	SY CK
Bu	0.7		mg/dL 0.0 - 1.1	SY CK
Bun/Creat Ratio	10.7		5.0 - 30.0	TX CK

-- End of Laboratory Report --

FCI MCKEAN HEALTH SVC.

02 MAY 22 AM 7:19

S. Czeka, MT
S. Czeka, Med Tech.

Name : CHERRY, DARRYL
Register#: 07928-078
Printed : 05/21/2002 @ 14:39

Doctor : BEAM, MD
Location: FCI MCKEAN
Sensitive L. O. U.

REVIEWED BY:

H. Beam, MD
5/22/02
H. BEAM, MD
FCI MCKEAN

000132

U. S. FEDERAL CENTER FOR FEDERAL PRISONERS
 LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 07928-078
 Name : CHERRY, DARRYL
 Location : FCI MCKEAN
 Physician : DR. OLSON
 Collection Date: 02/25/2002
 Collection Time: 12:30
 Tests : LIVER TEST
 Ordered:

Age : 49
 Sex : M
 Accession Number: 6567
 "X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
LIVER TEST				
Urea Nitrogen	7		mg/dL 7 - 22	SY RY
Creatinine	1.2		mg/dL 0.6 - 1.6	SY RY
Total Protein	8.7	HI	g/dL 6.0 - 8.2	SY RY
Albumin	4.2		g/dL 3.6 - 5.1	SY RY
Alkaline Phos.	108		U/L 41 - 133	SY RY
AST(SGOT)	68	HI	U/L 11 - 55	SY RY
LDH	410		U/L 354 - 705	SY RY
Total Bilirubin1	1.40	HI	mg/dL 0.20 - 1.30	SY RY
A/G Ratio	0.93	LO	1.00 - 2.30	TX RY
Globulin	4.5	HI	2.0 - 3.7	TX RY
ALT1(SGPT)	61		U/L 11 - 66	SY RY
Direct Bilirubin	0.30		mg/dL 0.00 - 0.50	TX RY
Gamma GT1	151	HI	U/L 8 - 78	SY RY
Bu	1.1		mg/dL 0.0 - 1.1	SY RY
Bun/Creat Ratio	5.8		5.0 - 30.0	TX RY

-- End of Laboratory Report --

Reviewed by D. Olson, MD
 Date 2/28/02

Clinic Follow-up

S. Czeka, MT
 S. Czeka, Med Tech.

Name : CHERRY, DARRYL
 Register#: 07928-078
 Printed : 02/28/2002 @ 08:39

Doctor : DR. OLSON
 Location: FCI MCKEAN
 Sensitive L. O. U.

FCI MCKEAN HEALTH SVC.
 02 FEB 28 AM 10:52

000133

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 07928-078

Name : CHERRY, DARRYL

Location : FCI MCKEAN

Physician : DR. OLSON

Collection Date: 08/14/2001

Collection Time: 07:00

Tests : LIPID TESTING; LIVER TESTING

Ordered:

Age : 48

Sex : M

Accession Number: 1122

"X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt:	Fasting			
LIPID TESTING				
LIVER TESTING				
Glucose	102		mg/dL 70 - 110	SY RY
Urea Nitrogen	9		mg/dL 7 - 22	SY RY
Creatinine	1.0		mg/dL 0.6 - 1.6	SY RY
Total Protein	8.3	HI	g/dL 6.0 - 8.2	SY RY
Albumin	4.0		g/dL 3.6 - 5.1	SY RY
Alkaline Phos.	139	HI	U/L 41 - 133	SY RY
AST(SGOT)	42		U/L 11 - 55	SY RY
Lactate Dehyd.	113		U/L 94 - 218	SY RY
Total Bilirubin	0.80		mg/dL 0.20 - 1.30	SY RY
Cholesterol	178		mg/dL 140 - 200	SY RY
Triglycerides	112		mg/dL 30 - 200	SY RY
A/G Ratio	0.93	LO	1.00 - 2.30	TX RY
Globulin	4.3	HI	2.0 - 3.7	TX RY
ALT1(SGPT)	47		U/L 11 - 66	SY RY
Direct Bilirubin	0.10		mg/dL 0.00 - 0.50	TX RY
Gamma GT1	145	HI	U/L 8 - 78	SY RY
Bu	0.7		mg/dL 0.0 - 1.1	SY RY
Bun/Creat Ratio	9.0		5.0 - 30.0	TX RY
HDL-Cholesterol	41		mg/dL 29 - 67	SY RY
Other factors critical to assessment of CHD risk - Overweight, Blood Pressure, Smoking and Familial History.				
VLDL	22		mg/dL -	TX RY
LDL Cholesterol	115		mg/dL 62 - 130	TX RY
Chol/HDL Ratio	4.3		3.4 - 5.0	TX RY

-- End of Laboratory Report --

Reviewed by D. Olson, MD
Date: 8/10/01

S. Czekał
S. Czekał, Med Tech.

Name : CHERRY, DARRYL
Register #: 07928-078
Printed : 08/17/2001 @ 07:38

Doctor : DR. OLSON
Location: FCI MCKEAN
.....
Sensitive L. O. U.

Clinic Follow-up

000134

FEDERAL JUDICIAL CENTER CLINICAL LABORATORY
 110 EAST CENTER STREET
 Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
 Daryl Aaberg (507) 287-0674

Page: 1
 Printed: 02/17/2001 @ 01:17

***** FINAL REPORT *****

Name: CHERRY, DARRYL [4969] ID: 07928-078
 --Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----
 Collection Cmt. Collected by Referring Institution

LIVER PROFILE

BUN	9			mg/dl	7	24
Creatinine-Serum	1.0			mg/dl	0.6	1.2
Total Protein		8.4	HI	g/dl	6.3	8.3
Albumin	4.0			g/dl	3.5	5.0
Alkaline Phos.	111			IU/L	49	126
AST		43	HI	IU/L	10	37
ALT	35			IU/L	8	40
LDH	121			IU/L	90	220
Total Bilirubin		1.5	HI	mg/dl	0.1	1.1
Direct Bilirubin		0.4	HI	mg/dl	0.0	0.3
GGT		102	HI	IU/L	10	45

-- End of Laboratory Report --

2/21/11

Clinic Follow-up

D. Olson, MD
 Clinical Director

S. Czeka, MT
 S. Czeka, Med Tech.

Test(s) | LIVER PROFILE
 ordered |

ID : 07928-078
 Name: CHERRY, DARRYL
 Ordered By: Olson, D.
 Collected : 02/15/2001 09:40

DOB: Age: 48 Sex: M
 Lab Acn#: 4969
 Loc: FCI McKean, PA

Reviewed

000135

Summary Report

Patient Name CHERRY, DARRYL		Patient Information DISCHARGED		MR# 20208	VST# 181455	Report Information Run 02/17/2001 1445	
Attending Doctor Olson, Dennis		Patient Type 13		COR	Age M	Sex M	Admit Date 02/16/2001
Summary 07928-078		Current Results		Results		Draw Date FINAL	

COAG

TEST	Specimen Number	109866							
	Order Date	02/16/2001 1720							
	Scheduled Date	02/16/2001 1715							
	Draw Date	02/16/2001 1727							
	Result Date	02/16/2001 1832							
	Result Technician	AME							
	Panel	*****	*****	*****	*****	*****	*****	*****	*****
	NORMAL RANGE								
PT	9.6 - 13.6	sec	11.7						
INR**	2.0 - 3.0		0.9 L						
PTT	0.0 - 45.0	sec	37.0						

**INR
EXCEPT FOR MECHANICAL PROSTHETIC VALVES AND
POST-MYOCARDIAL INFARCTION INR = 2.5-3.5

2/20/01

D. Olson, MD
Clinical Director

S. Czeka, MT
S. Czeka, Med Tech.

Name: CHERRY, DARRYL
MR #: 20208

SUMMARY REPORT

Run: 02/17/2001 1445

000136

FEDERAL MEDICAL CENTER CLINICAL LABORATORY
2110 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674

Page: 1
Printed: 09/10/2000 @ 01:16

*** FINAL REPORT ***

Name: CHERRY, DARYL [8277] ID: 07928-078
--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----
Collection Cmt. Collected by Referring Institution
FASTING SPECIMEN

LIPID PROFILE

Cholesterol	168		mg/dl	50	200
Triglyceride	96		mg/dl	56	169
HDL Chol-Direct		32	LO mg/dL	35	80
LDL Cholesterol	117		mg/dl	0	130
TC/HDL Ratio	5			0	6

-- End of Laboratory Report --

9/11/00

D. Olson, MD
Clinical Director

FAIRBANKS HEALTH SVC.
SEP 11 AM 7:03

S. Czakai, MT
S. Czakai, Med Tech.

Test(s) | LIPID PROFILE
ordered |

-----S E N S I T I V E-----

ID : 07928-078
Name: CHERRY, DARYL
Ordered By: Fairbanks
Collected : 09/08/2000 07:00

DOB: Age: 47 Sex: M
Lab Acn#: 8277

Loc: FCI McKean, PA

Reviewed
000137

FEDERAL MEDICAL CENTER CLINICAL LABORATORY
2110 EAST CENTER STREETLaboratory Supervisor: ROCHESTER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674Page: 1
Printed: 07/26/2000 @ 01:16

***** FINAL REPORT *****

Name: CHERRY, DARRYL

[5962]

ID: 07928-078

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

HEP BC PROFILE

LIVER PROFILE

BUN	9		mg/dl	7	24
Creatinine-Serum	1.0		mg/dl	0.6	1.2
Total Protein		8.6	HI g/dl	6.3	8.3
Albumin	4.1		g/dl	3.5	5.0
Alkaline Phos.	116		IU/L	49	126
AST		48	HI IU/L	10	37
ALT		42	HI IU/L	8	40
LDH	162		IU/L	90	220
Total Bilirubin		1.2	HI mg/dl	0.1	1.1
Direct Bilirubin		0.4	HI mg/dl	0.0	0.3
GGT		110	HI IU/L	10	45
Hep Bs Ab	Non-Reactive				Nonreact
Hep Bs Ag	Non-Reactive				Nonreact
Hep B Core Ab	Reactive				Nonreact
All Reactive HepB Core Total Ab are reflex tested for HepB Core IgM.					
HepB Core Ab-IgM	Non-Reactive				Nonreact
Hep C AB	Reactive				Nonreact

-- End of Laboratory Report --

7/24/00
Clinic Follow-upS. Czeka, M.T.
S. Czeka, Med Tech.HEALTH SVC
JUL 26 AM 6:55Test(s): HEP BC PROFILE; LIVER PROFILE
ordered:

ID : 07928-078

Name: CHERRY, DARRYL

Ordered By: Olson, D.

Collected : 07/20/2000 08:30

DOB:

Lab Acn#: 5962

Loc: FCI McKean, PA

Age: 47 Sex: M

Reviewed

000138

FEDERAL MEDICAL CENTER CLINICAL LABORATORY
2110 EAST CENTER STREET
Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674

Page: 1
Printed: 07/25/2000 @ 01:17

***** FINAL REPORT *****

Name: CHERRY, DARRYL [6708] ID: 07928-078
--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----
Collection Cmt. Collected by Referring Institution
RPR Non-Reactive Nonreact
-- End of Laboratory Report --

7/25/00

D. Olson, MD
Clinical Director

McKEAN HEALTH SVC.

JUL 25 AM 7:01

S. Czeka, MT
S. Czeka, Med Tech.

-----S E N S I T I V E-----
Test(s) : RPR
ordered:

ID : 07928-078
Name: CHERRY, DARRYL
Ordered By: Olson, D.
Collected : 07/20/2000 14:15
DOB: Age: 47 Sex: M
Lab Acn#: 6708
Loc: FCI McKean, PA
Reviewed

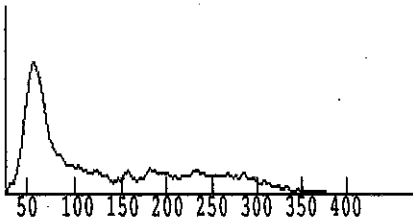
000139

ID: 007928079
VB

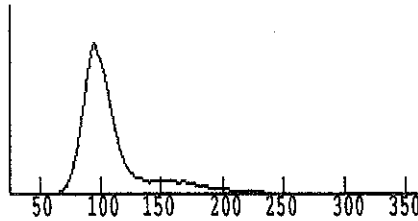
07-19-00
12:35

Cherry, Danyel, 07928-078
Dr. Olson

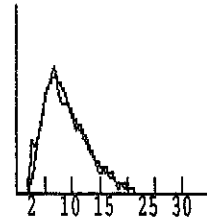
			Patient Limits 1	
NBC	5.5	x10 ³ /uL	4.5	11.0
LY	47.0	%	20.5	51.1
MO	6.1	M %	1.7	9.3
GR	46.9	M %	42.2	75.2
LY#	2.6	x10 ³ /uL	1.2	3.4
MO#	0.3	M x10 ³ /uL	0.1	0.6
GR#	2.6	M x10 ³ /uL	1.4	6.5
RBC	4.49	L x10 ⁶ /uL	4.60	6.20
Hgb	14.9	g/dL	13.5	18.0
Hct	43.8	%	40.0	54.0
MCV	97.4	fL	82.0	98.0
MCH	33.1	H pg	28.0	32.0
MCHC	34.0	g/dL	32.0	36.0
RDW	12.4	%	11.6	13.7
Plt	224.	x10 ³ /uL	150.	450.
MPV	9.4	fL	7.8	11.0



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

7/20/00

D. Olson, MD
Clinical Director

S. Czakai, MT
S. Czakai, Med Tech.

000140

BRADFORD HEALTH SVC.
SEP 19 PM 2:15

MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUESTS/REPORTS

ATTACH 3D REPORT ALONG HERE ▲ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ▲

7540-00-634-4162

519-218

PATIENT IDENTIFICATION (For typed or written entries give:
last, first, middle, Medical Facility)

Cherry, Darryl

AGE SEX SSN (Sponsor)

48 M

WARD/CLINIC

OP

REGISTER NO.

07928-078

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

4s spine

REQUESTED BY

Dr. Olson

TELEPHONE NO.

362-8900

FILM NO.

DATE REQUESTED

7/17/01

PREGNANT

☐ YES ☒ NO

CAUTION OF MEDICAL RECORDS

FCI McKean

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

LBP → @ leg

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

9-16-01

DATE OF TRANSCRIPTION (Month, day, year)

9-16-01

RADIOLOGIC REPORT

LUMBAR SPINE: The vertebral bodies are maintained in height. No obvious fracture, dislocation, or bony destructive process is noted.

IMPRESSION: Unremarkable examination.

Reviewed by D. Olson, MD
Date 9/21/01

000141

Mark Welch, M.D.

LOCATION OF RADIOLOGIC FACILITY
BRMC

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505

*U.S.GPO:1997-418-149/40127

DIAGNOSTIC IMAGING
HILLCREST HEALTH CENTER - OKC
(405) 680-2181

GENERAL TRANSFER CENTER

07928-078

XR. NO. _____

STATUS _____

AGE 0 _____

DATE 05/23/00 _____

ADMIT#1 _____

SSN# _____

NAME

CHERRY, DARRYL

ADDRESS: _____

DIAGNOSIS: _____

PHYSICIAN

BOFORTH

REPORT:

CHEST/PA(71010): This survey demonstrates the pulmonary and cardiovascular structures to be within normal limits. Thoracic cage is symmetrical bilaterally, and free of gross pathology.

IMPRESSION: Unremarkable chest survey.



000142

05/24/00

12:33

RELEASED BY:

T. H. MOLSNESS, D. O.

DR.

RADIOLOGIST

MW

KANE COMMUNITY HOSPITAL
KANE, PA

RADIOLOGY REPORT

NAME: DARRYL CHERRY
PO BOX 5000
BRADFORD , PA 167010000
814-3628900

MED REC #: 20208

ADM #: 196747

DATE OF BIRTH:

AGE: 48Y

PHYSICIAN: DENNIS OLSON, M.D.

ROOM: OP

DATE OF EXAM: 09/12/2001

X-RAY #: 31684

BILATERAL VENOUS DOPPLER:

Bilateral venous doppler was performed. There is normal color flow, cross-sectional collapsibility and augmentation throughout the vessels of both right and left lower extremity. There is some poor, or low, flow areas in the calf suggesting previous thrombus or chronic change to the veins in the lower calf area. Incompetence of the deep valves is suggested. Reversal of flow was evident with Valsalva. No evidence of deep venous thrombus at this time however.

DICTIONARY ONLY
DR. DANIEL J. HOMA

Daniel J. Homa, D.O.

DANIEL J. HOMA, D.O.
RADIOLOGIST

D: 09/12/2001

T: 09/12/2001

DJH:slh

Reviewed by D. Olson, MD

Date: 9/17/01

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

PROBLEM LIST

[illegible]

ADVERSE / ALLERGIC
DRUG REACTIONS
(If none, record "No Known Drug Allergies")

NKDA

Patient Identification
(Name, Reg #, DOB)

(This form may be replicated via WP)

Cherry, Daniel
07928-078

600144



Printed on Recycled Paper

1/19/53

Ord.Date 03/01/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (2)Refills
Exp.Date 06/29/05 TAKE ONE TABLET BY MOUTH EACH MORNING
Rx # 180182 HYDROCHLOROTHIAZIDE 50 MG TAB #30

Ord.Date 03/01/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (2)Refills
Exp.Date 06/29/05 TAKE ONE TABLET BY MOUTH EACH DAY

Rx # 180183 POTASSIUM CHLORIDE SR 10 MEQ TAB #30

Ord.Date 03/01/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (2)Refills
Exp.Date 06/29/05 TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS DIRECTED

Rx # 180184 PENTOXIFYLLINE 400 MG TAB #90

Ord.Date 03/01/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (6)Refills
Exp.Date 06/29/05 TAKE TWO TABLETS BY MOUTH TWICE DAILY AS DIRECTED

Rx # 180185 ACETAMINOPHEN 500 MG TAB #30

Ord.Date 03/01/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (4)Refills
Exp.Date 06/29/05 APPLY SPARINGLY TWICE DAILY AS DIRECTED

Rx # 180186 BACITRACIN OINT 3118705 #1

Ord.Date 03/18/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (5)Refills
Exp.Date 06/15/05 APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**

Rx # 180974 BACITRACIN OINT #1

Ord.Date 06/10/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (3)Refills
Exp.Date 09/07/05 APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**

Rx # 184561 BACITRACIN OINTMENT #1

Ord.Date 05/10/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (2)Refills
Exp.Date 08/07/05 TAKE ONE TABLET EACH DAY

Rx # 183312 POTASSIUM CHLORIDE SR 10 MEQ TAB #30

Ord.Date 05/10/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (2)Refills
Exp.Date 08/07/05 TAKE ONE TABLET THREE TIMES DAILY

Rx # 183313 PENTOXIFYLLINE 400 MG TAB #90

Ord.Date 05/10/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (2)Refills
Exp.Date 08/07/05 TAKE ONE TABLET THREE TIMES DAILY WITH FOOD AS NEEDED

Rx # 183308 IBUPROFEN 800 MG TAB #30

Ord.Date 05/10/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (0)Refills
Exp.Date 05/23/05 TAKE ONE TABLET TWICE DAILY

Rx # 183309 SULFAMETH/TRIMETH DS 800MG/160MG TAB #20

Ord.Date 05/10/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (0)Refills
Exp.Date 06/08/05 APPLY TO AFFECTED AREA DAILY

Rx # 183310 SILVER SULFADIAZINE CREAM 1% GM #1

Ord.Date 05/10/05 CHERRY, DARRYL LEE H. BEAM,MD
07928-078 (2)Refills
Exp.Date 08/07/05 TAKE ONE TABLET EACH DAY

Rx # 183311 HYDROCHLOROTHIAZIDE 50 MG TAB #30

000145

Medication Summary Sheet

Ord. Date CHERRY, DARRYL LEE W. COLLINS
07/06/04 07928-078 (1)Refills
Exp. Date TAKE TWO CAPSULES EVERY TWELVE
09/03/04 HOURS

Rx #
169714 AMOXICILLIN 500 MG CAP #30

Ord. Date CHERRY, DARRYL LEE W. COLLINS
07/06/04 07928-078 (1)Refills
Exp. Date TAKE ONE TABLET EVERY EIGHT
09/03/04 HOURS WITH FOOD AS NEEDED

Rx #
169715 IBUPROFEN 800 MG TAB #20

Ord. Date CHERRY, DARRYL LEE S. LABROZZI
07/15/04 07928-078 (5)Refills
Exp. Date APPLY SMALL AMOUNT TO AFFECTED
10/12/04 AREAS EACH DAY DURING DRESSING
CHANGES.

Rx #
170134 SILVER SULFADIAZINE CREAM 1% GM #1

Ord. Date CHERRY, DARRYL LEE H. BEAM, MD
08/03/04 07928-078 (2)Refills
Exp. Date TAKE ONE TABLET DAILY

Rx #
171087 HYDROCHLOROTHIAZIDE 50 MG TAB #30

Ord. Date CHERRY, DARRYL LEE H. BEAM, MD
08/03/04 07928-078 (2)Refills
Exp. Date TAKE ONE TABLET EACH DAY

Rx #
171088 POTASSIUM CHLORIDE SR 10 MEQ TAB #30

Ord. Date CHERRY, DARRYL LEE H. BEAM, MD
08/03/04 07928-078 (2)Refills
Exp. Date TAKE ONE TABLET 3 TIMES A DAY

Rx #
171089 PENTOXIFYLLINE 400 MG TAB #90

Ord. Date CHERRY, DARRYL LEE S. LABROZZI
08/05/04 07928-078 (0)Refills
Exp. Date TAKE ONE CAPSULE FOUR TIMES
08/14/04 DAILY UNTIL FINISHED

Rx #
171261 CEPHALEXIN 250 MG CAP #28

Ord. Date CHERRY, DARRYL LEE H. BEAM, MD
10/28/04 07928-078 (3)Refills
Exp. Date TAKE ONE TABLET EACH DAY

Rx #
175187 POTASSIUM CHLORIDE SR 10 MEQ TAB #30

Ord. Date CHERRY, DARRYL LEE H. BEAM, MD
10/28/04 07928-078 (3)Refills
Exp. Date TAKE ONE TABLET DAILY

Rx #
175188 HYDROCHLOROTHIAZIDE 50 MG TAB #30

Ord. Date CHERRY, DARRYL LEE H. BEAM, MD
10/28/04 07928-078 (3)Refills
Exp. Date TAKE ONE TABLET 3 TIMES A DAY

Rx #
175186 PENTOXIFYLLINE 400 MG TAB #90

Ord. Date CHERRY, DARRYL LEE W. COLLINS
12/15/04 07928-078 (0)Refills
Exp. Date TAKE FOUR CAPSULES FOUR HOURS
12/21/04 PRIOR TO PROCEDURE

Rx #
177230 AMOXICILLIN 500 MG CAP #4

Ord. Date CHERRY, DARRYL LEE W. COLLINS
12/20/04 07928-078 (1)Refills
Exp. Date TAKE TWO CAPSULES EVERY TWELVE
02/17/05 HOURS

Rx #
177424 AMOXICILLIN 500 MG CAP #30

Ord. Date CHERRY, DARRYL LEE W. COLLINS
12/20/04 07928-078 (1)Refills
Exp. Date TAKE ONE TABLET EVERY EIGHT
02/17/05 HOURS WITH FOOD OR MILK AS
NEEDED

Rx #
177425 IBUPROFEN 800 MG TAB #20

Ord. Date CHERRY, DARRYL LEE E. ASP
12/30/04 07928-078 (3)Refills
Exp. Date APPLY TO AFFECTED AREA TWO TIMES
03/29/05 A DAY

Rx #
177832 BACITRACIN OINT #1

Ord. Date CHERRY, DARRYL LEE E. ASP
01/06/05 07928-078 (3)Refills
Exp. Date CUT & FIT TO SIZE OF AREA. APPLY
04/05/05 FOR 48 HOURS THEN REMOVE FOR 24
HOURS. REAPPLY AS NEEDED

Rx #
178102 SALICYLIC ACID PLASTER 40% EA #4

Ord. Date CHERRY, DARRYL LEE E. ASP
01/19/05 07928-078 (0)Refills
Exp. Date TAKE ONE OR TWO TABLETS TWICE
02/17/05 DAILY WITH FOOD OR MILK AS NEEDED

Rx #
178618 IBUPROFEN 400 MG TAB #32

Ord. Date CHERRY, DARRYL LEE R. PIOTROWSKI
01/26/05 07928-078 (0)Refills
Exp. Date TAKE 1-2 TABLETS TWICE DAILY AS
02/14/05 NEEDED FOR PAIN WITH FOOD/MILK

Rx #
178881 IBUPROFEN 400 MG TAB #32

Ord. Date CHERRY, DARRYL LEE J. GLENN
02/03/05 07928-078 (0)Refills
Exp. Date TAKE 1 OR 2 TABLETS THREE TIMES
02/22/05 DAILY AS NEEDED WITH FOOD/MILK

Rx #
179220 IBUPROFEN 400 MG TAB #30

Ord. Date CHERRY, DARRYL LEE E. ASP
02/09/05 07928-078 (0)Refills
Exp. Date TAKE ONE TABLET TWICE DAILY WITH
02/28/05 FOOD/MILK

Rx #
179447 IBUPROFEN 400 MG TAB

CHERRY, DARRYL LEE
07928-078
MCKEAN HOUSING FACILITY - A04
07/06/2004

FCI
McKean

000146

Ord.Date 10/16/03 CHERRY, DARRYL LEE E. ASP
Exp.Date 01/13/04 07928-078 (0)Refills
Rx # 158855 TAKE ONE TABLET EACH DAY
FLUCONAZOLE 100 MG TAB #7

Ord.Date 10/16/03 CHERRY, DARRYL LEE E. ASP
Exp.Date 01/13/04 07928-078 (1)Refills
Rx # 156856 APPLY TO AFFECTED AREA FOR 15 MINUTES TWICE DAILY
SELENIUM SULF LOT 2.5% LOT #1

Ord.Date 10/16/03 CHERRY, DARRYL LEE E. ASP
Exp.Date 01/13/04 07928-078 (3)Refills
Rx # 156879 APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY
FLUCINONIDE 0.05% OINT #1
Cancelled 11/13/03

Ord.Date 11/05/03 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 02/02/04 07928-078 (12)Refills
Rx # 158007 TAKE ONE TABLET EACH DAY
POTASSIUM CHLORIDE SR 10 MEQ TAB #7

Ord.Date 11/05/03 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 02/02/04 07928-078 (12)Refills
Rx # 158008 TAKE ONE TABLET EACH DAY
HYDROCHLOROTHIAZIDE 25 MG TAB #7

Ord.Date 11/05/03 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 02/02/04 07928-078 (4)Refills
Rx # 158008 USE DAILY TO AFFECTED AREA
SILVER SULFADIAZINE CREAM 1% GM #1

Ord.Date 11/05/03 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 02/02/04 07928-078 (12)Refills
Rx # 158010 TAKE ONE TABLET EACH DAY
ASPIRIN, E.C 325 MG 0090 #7

Ord.Date 11/05/03 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 02/02/04 07928-078 (12)Refills
Rx # 158011 TAKE ONE TABLET 3 TIMES A DAY
PENTOXIFYLLINE 400 MG TAB #21
PENTOXIFYLLINE 400 MG TAB

Ord.Date 05/05/04 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 08/02/04 07928-078 (2)Refills
Rx # 166916 TAKE ONE TABLET EACH DAY

Ord.Date 06/22/04 CHERRY, DARRYL LEE W. COLLINS
Exp.Date 06/23/04 07928-078 (0)Refills
Rx # 169109 TAKE FOUR CAPSULES 1 HOUR PRIOR TO PROCEDURE
AMOXICILLIN 500 MG CAP #4

Ord.Date 11/12/03 CHERRY, DARRYL LEE S. LABROZZI
Exp.Date 01/10/04 07928-078 (3)Refills
Rx # 158332 APPLY A VERY SMALL AMOUNT TO AFFECTED AREA TWICE DAILY **EXTERNAL USE ONLY
FLUCINONIDE 0.05% OINT #1

Ord.Date 11/12/03 CHERRY, DARRYL LEE S. LABROZZI
Exp.Date 01/10/04 07928-078 (3)Refills
Rx # 158333 TAKE ONE TABLET FOUR TIMES DAILY AS NEEDED WITH FOOD (FOR PAIN IN YOUR RIGHT SIDE)
IBUPROFEN 400 MG TAB #28

Ord.Date 01/06/04 CHERRY, DARRYL LEE W. COLLINS
Exp.Date 03/03/04 07928-078 (1)Refills
Rx # 181650 TAKE TWO CAPSULES EVERY TWELVE HOURS
AMOXICILLIN 500 MG CAP #30

Ord.Date 01/06/04 CHERRY, DARRYL LEE W. COLLINS
Exp.Date 03/03/04 07928-078 (1)Refills
Rx # 181651 TAKE ONE TABLET EVERY EIGHT HOURS AS NEEDED
ACETAMINOPHEN 500 MG TAB #20

Ord.Date 02/04/04 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 05/03/04 07928-078 (2)Refills
Rx # 162954 TAKE ONE TABLET ONCE DAILY. DO NOT CRUSH OR CHEW.
POTASSIUM CHLORIDE SR 10 MEQ TAB #30

Ord.Date 02/04/04 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 05/03/04 07928-078 (2)Refills
Rx # 162955 TAKE 1 TABLET ONCE DAILY.
HYDROCHLOROTHIAZIDE 50 MG TAB #30

Ord.Date 02/04/04 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 05/03/04 07928-078 (2)Refills
Rx # 162956 TAKE 1 TABLET 3 TIMES DAILY WITH EACH OF YOUR THREE MEALS.
PENTOXIFYLLINE 400 MG TAB #90

Ord.Date 02/04/04 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 05/03/04 07928-078 (4)Refills
Rx # 162957 APPLY TO AFFECTED AREAS ONCE DAILY.
SILVER SULFADIAZINE CREAM 1% GM #1

Ord.Date 02/04/04 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 05/03/04 07928-078 (1)Refills
Rx # 162958 GIVE 1 ML IM IN DELTOID ONLY: 2 DOSES--INITIAL DOSE, FOLLOWED BY BOOSTER IN 6-12 MONTHS.
HEPATITIS A VIRUS VACCINE 1400IU/1ML INJ #1

Ord.Date 02/04/04 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 05/03/04 07928-078 (2)Refills
Rx # 162959 INJECT 1 ML (20 MCG ENGERIX-B) IM INTO DELTOID ONLY: GIVE 3 DOSES AT 0, 1 AND 6 MONTHS.
HEPATITIS B VACCINE-RECOMB 20MCG/ML 1ML INJ #1

Ord.Date 05/05/04 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 08/02/04 07928-078 (2)Refills
Rx # 166917 TAKE ONE TABLET DAILY
HYDROCHLOROTHIAZIDE 50 MG TAB #30

Ord.Date 06/20/04 CHERRY, DARRYL LEE
Exp.Date 07/28-078
Rx # 167840 APPLY SPARINGLY TO AFFECTED AREAS 2 TIMES DAILY AS INSTRUCTED BY PA PIOTROWSKI
SILVER SULFADIAZINE CREAM 1% GM #1

Ord.Date 05/27/04 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 07/28-078
Rx # 168027 INJECT 1 GRAM IM EACH DAY FOR 3 DAYS
CEFTRIAXONE 1 GM INJ #1

Ord.Date 05/05/04 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 07/28-078
Rx # 168918 TAKE ONE TABLET THREE TIMES DAILY
PENTOXIFYLLINE 400 MG TAB #30

Ord.Date 07/28-078
Exp.Date 07/28-078
Rx # 164483 APPLY TO AFFECTED AREA TWO TIMES A DAY--NONSTAIN 3203
HYDROCORT CR 40Z CRM #1

Ord.Date 04/15/04 CHERRY, DARRYL LEE J. GLENN
Exp.Date 07/28-078
Rx # 168025 APPLY TO AFFECTED AREAS TWICE A DAY
SILVER SULFADIAZINE CREAM 1% GM #1

Ord.Date 05/05/04 CHERRY, DARRYL LEE H. BEAM,MD
Exp.Date 07/28-078
Rx # 168028 TAKE ONE CAPSULE FOUR TIMES
CEPHALEXIN 500 MG CAP #55

000147

Medication Summary Sheet**Chronic Conditions****Acute Conditions**

Ord. Date 05/07/03	CHERRY, DARRYL LEE	D. OLSON
Exp. Date 08/10/03	07928-078	(0) Refills
Rx # 147676	TAKE ONE TABLET DAILY	
Ord. Date 05/07/03	CHERRY, DARRYL LEE	D. OLSON
Exp. Date 08/10/03	07928-078	(0) Refills
Rx # 147679	TAKE ONE TABLET 3 TIMES A DAY	
Ord. Date 05/07/03	CHERRY, DARRYL LEE	D. OLSON
Exp. Date 08/10/03	07928-078	(0) Refills
Rx # 147680	TAKE ONE TABLET EACH DAY	
Ord. Date 05/13/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 08/10/03	07928-078	(2) Refills
Rx # 148101	TAKE ONE TABLET DAILY	
Ord. Date 05/13/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 08/10/03	07928-078	(2) Refills
Rx # 148104	TAKE ONE TABLET EACH DAY	
Ord. Date 05/13/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 08/10/03	07928-078	(2) Refills
Rx # 148103	TAKE ONE TABLET 3 TIMES A DAY	
Ord. Date 05/13/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 08/10/03	07928-078	(2) Refills
Rx # 148102	TAKE ONE TABLET EACH DAY	
Ord. Date 09/29/03	CHERRY, DARRYL LEE	E. ASP
Exp. Date 10/12/03	07928-078	(0) Refills
Rx # 155665	TAKE ONE TABLET EACH DAY	
Ord. Date 09/29/03	CHERRY, DARRYL LEE	E. ASP
Exp. Date 11/27/03	07928-078	(1) Refills
Rx # 155666	APPLY FOR 15 MINUTES TO AFFECTED AREA TWICE DAILY	
Ord. Date 09/29/03	CHERRY, DARRYL LEE	E. ASP
Exp. Date 11/27/03	07928-078	(1) Refills
Rx # 155666	APPLY FOR 15 MINUTES TO AFFECTED AREA TWICE DAILY	
Ord. Date 09/29/03	CHERRY, DARRYL LEE	E. ASP
Exp. Date 11/27/03	07928-078	(1) Refills
Rx # 155666	APPLY FOR 15 MINUTES TO AFFECTED AREA TWICE DAILY	
Ord. Date 09/29/03	CHERRY, DARRYL LEE	E. ASP
Exp. Date 11/27/03	07928-078	(1) Refills
Rx # 155666	APPLY FOR 15 MINUTES TO AFFECTED AREA TWICE DAILY	

168373
Rx #
08/03/04
07928-078
DAILY
TAKE ONE CAPSULE FOUR TIMES DAILY
CEPHALEXIN 500 MG CAP
#30

168374
Rx #
08/03/04
07928-078
DAILY AS NEEDED
TAKE TWO TABLETS THREE TIMES DAILY AS NEEDED
ACETAMINOPHEN 325 MG TAB
#30

Ord. Date 05/13/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 08/10/03	07928-078	(0) Refills
Rx # 148105	APPLY TO AFFECTED AREA EACH DAY	
Ord. Date 08/05/03	CHERRY, DARRYL LEE	E. ASP
Exp. Date 07/04/03	07928-078	(0) Refills
Rx # 149251	APPLY TO AFFECTED AREA ON LEFT ANKLE EACH DAY	
Ord. Date 08/05/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 11/09/03	07928-078	(2) Refills
Rx # 152934	USE DAILY FOR WOUND DRESSING	
Ord. Date 08/12/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 11/09/03	07928-078	(2) Refills
Rx # 152935	TAKE ONE TABLET EACH DAY	
Ord. Date 08/12/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 11/09/03	07928-078	(2) Refills
Rx # 152936	TAKE ONE TABLET EACH DAY	
Ord. Date 08/12/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 11/09/03	07928-078	(2) Refills
Rx # 152937	TAKE ONE TABLET EACH DAY	
Ord. Date 08/12/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 11/09/03	07928-078	(2) Refills
Rx # 152938	TAKE ONE TABLET 3 TIMES A DAY	
Ord. Date 08/12/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 11/09/03	07928-078	(2) Refills
Rx # 152939	TAKE ONE TABLET 3 TIMES A DAY	
Ord. Date 08/12/03	CHERRY, DARRYL LEE	H. BEAM, MD
Exp. Date 11/09/03	07928-078	(2) Refills
Rx # 152940	TAKE ONE TABLET 3 TIMES A DAY	
Ord. Date 03/05/04	CHERRY, DARRYL LEE	S. LABROZZI
Exp. Date 08/02/04	07928-078	(6) Refills
Rx # 164367	TAKE TWO TABLETS THREE TIMES DAILY AS NEEDED FOR PAIN	
Ord. Date 03/05/04	CHERRY, DARRYL LEE	S. LABROZZI
Exp. Date 08/02/04	07928-078	(6) Refills
Rx # 164367	TAKE TWO TABLETS THREE TIMES DAILY AS NEEDED FOR PAIN	

CHERRY, DARRYL LEE
07928-078
MCKEAN HOUSING FACILITY - A03-
05/07/2003

FCI
McKean

000148

PHARMACY SERVICES
FTC OKLAHOMA, OK 73189 405-682-4075
RX234138 DR.GOFORTH 03/27/03
CHERRY, DARRYL N5D
07928-078 07928-078
TAKE ONE TABLET 3 TIMES DAILY

GENERIC FOR: TRENTAL 400MG CR TAB
PENTOXIFYLLI 400MG ER TAB # 21
MTH 3 REFILL(S) EXPIRES: 04/27/03

PHARMACY SERVICES
FTC OKLAHOMA, OK 73189 405-682-4075
RX234141 DR.GOFORTH 03/27/03
CHERRY, DARRYL N5D
07928-078 07928-078
TAKE ONE TABLET EVERY MORNING

HYDROCHLOROT 50MG TAB # 7
MTH 3 REFILL(S) EXPIRES: 04/27/03

PHARMACY SERVICES
FTC OKLAHOMA, OK 73189 405-682-4075
RX234143 DR.GOFORTH 03/27/03
CHERRY, DARRYL N5D
07928-078 07928-078
TAKE ONE TABLET ONCE DAILY

ASPIRIN 325MG TABS # 7
MTH 3 REFILL(S) EXPIRES: 04/27/03

Place medication label here.

2-2703
Tom F. Goforth, MD
FTC Oklahoma City, OK

Mark Horn, Rph
Federal Transfer Center, OK

Medication Sheet--Health Services Unit

eral Transfer Center
horma City, OK

Inmate Name: _____
Inmate Number: _____

000149

Ord.Date 12/09/02 CHERRY, DARRYL LEE R. POMALOY
 Exp.Date 07/07/03 07928-078 (1)Refills
 TAKE ONE TABLET DAILY

Rx # 38939 ASPIRIN, E.C. 325MG TAB #15

Ord.Date 12/09/02 CHERRY, DARRYL LEE R. POMALOY
 Exp.Date 07/07/03 07928-078 (1)Refills
 TAKE ONE TABLET 3 TIMES A DAY

Rx # 38940 PENTOXIFYLLINE 400 MG TAB #45

Ord.Date 12/09/02 CHERRY, DARRYL LEE R. POMALOY
 Exp.Date 07/07/03 07928-078 (1)Refills
 TAKE ONE TABLET DAILY

Rx # 38938 HYDROCHLOROTHIAZIDE 50 MG TAB #15

Ord.Date 12/20/02 CHERRY, DARRYL LEE P. HARVEY
 Exp.Date 03/19/03 07928-078 (6)Refills
 TAKE ONE TABLET BY MOUTH EACH DAY

Rx # 39419 ASPIRIN, E.C. 325MG TAB #0

Ord.Date 12/20/02 CHERRY, DARRYL LEE P. HARVEY
 Exp.Date 03/19/03 07928-078 (6)Refills
 TAKE ONE TABLET DAILY

Rx # 39420 HYDROCHLOROTHIAZIDE 50 MG TAB #0

Ord.Date 12/20/02 CHERRY, DARRYL LEE P. HARVEY
 Exp.Date 03/19/03 07928-078 (6)Refills
 TAKE ONE TABLET 3 TIMES A DAY

Rx # 39421 PENTOXIFYLLINE 400 MG TAB #0

Ord.Date 03/13/03 CHERRY, DARRYL LEE P. HARVEY
 Exp.Date 06/10/03 07928-078 (6)Refills
 TAKE ONE TABLET BY MOUTH EACH DAY

Rx # 42066 ASPIRIN E.C. 325MG TAB #0

Ord.Date 03/13/03 CHERRY, DARRYL LEE P. HARVEY
 Exp.Date 06/10/03 07928-078 (6)Refills
 TAKE ONE TABLET DAILY

Rx # 42066 HYDROCHLOROTHIAZIDE 50 MG TAB #0

Ord.Date 03/13/03 CHERRY, DARRYL LEE P. HARVEY
 Exp.Date 06/10/03 07928-078 (6)Refills
 TAKE ONE TABLET 3 TIMES A DAY

Rx # 42067 PENTOXIFYLLINE 400 MG TAB #0

FCI MCKEAN PHARMACY

129782 H. BEAM,MD 05/07/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET EACH DAY

Cancelled 8/7/02

ASPIRIN, E.C. 325 MG TAB

(3)Refills 05/07/2002 CDM #30
Rx Exp: 09/02/02

CAUTION: Federal/State law prohibits transfer of this drug

FCI MCKEAN PHARMACY

129783 H. BEAM,MD 05/07/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET 3 TIMES A DAY

PENTOXIFYLLINE 400 MG TAB

(3)Refills 05/07/2002 CDM #90
Rx Exp: 09/02/02

FCI MCKEAN PHARMACY

129784 H. BEAM,MD 05/07/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET DAILY

HYDROCHLOROTHIAZIDE 50 MG TAB #30

(3)Refills 05/07/2002 CDM #30
Rx Exp: 08/07/02

FCI MCKEAN PHARMACY

129785 H. BEAM,MD 05/07/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
APPLY TO AFFECTED AREA TWO
TIMES A DAY **EXTERNAL USE ONLY**

TOLNAFTATE CREAM 1% GM

(3)Refills 05/07/2002 CDM #1
Rx Exp: 07/25/02

FCI MCKEAN PHARMACY

129786 H. BEAM,MD 05/07/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET TWICE DAILY FOR
DAYS, THEN ON 5/11/02 TAKE TWO
TABLETS TWICE DAILY AM AND PM
PILL LINE

BUPROPION 75 MG TAB

(3)Refills 05/07/2002 CDM #1
Rx Exp: 09/02/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

131000 H. BEAM,MD
CHERRY, DARRYL LEE
MCKEAN HOUSING FACILITY - A03-104L
APPLY TO AFFECTED AREA
EXTERNAL USE ONLY

Ord. Date
10/02/02
Exp. Date
10/02/02

CHERRY, DARRYL LEE D. OLSON
07928-078 (0)Refills
TAKE ONE TABLET THREE TIMES
DAILY AT 8AM, 2PM AND 8PM

Rx #
136703
Ord. Date
10/02/02
Exp. Date
10/02/02

PENTOXIFYLLINE 400 MG TAB #21
CHERRY, DARRYL LEE D. OLSON
07928-078 (0)Refills
TAKE ONE TABLET EACH DAY AT 8AM

Rx #
136704

ASPIRIN, E.C. 325 MG TAB #7

Ord. Date
10/02/02
Exp. Date
10/02/02

CHERRY, DARRYL LEE D. OLSON
07928-078 (0)Refills
TAKE ONE TABLET EACH DAY AT 8AM

Rx #
136705

HYDROCHLOROTHIAZIDE 50 MG TAB #7

SILVER SULFADIAZINE CREAM

(1)Refills 08/04/2002 CDM

CAUTION: Federal/State law prohibits transfer to any person other than patient for whom prescribed

FCI MCKEAN PHARMACY

133878 H. BEAM,MD 08/07/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET DAILY

HYDROCHLOROTHIAZIDE 50 MG TAB #30

(3)Refills 08/07/2002 CDM #30
Rx Exp: 12/04/02

FCI MCKEAN PHARMACY

133879 H. BEAM,MD 08/07/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET EACH DAY

ASPIRIN, E.C. 325 MG TAB

(3)Refills 08/07/2002 CDM #30
Rx Exp: 2/6/02

CAUTION: Federal/State law prohibits transfer of this drug

FCI MCKEAN PHARMACY

133880 H. BEAM,MD 08/07/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET 3 TIMES A DAY

PENTOXIFYLLINE 400 MG TAB

(3)Refills 08/07/2002 CDM #90
Rx Exp: 12/04/02

FCI MCKEAN PHARMACY

133881 H. BEAM,MD 08/07/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
APPLY TO AFFECTED AREA TWO
TIMES A DAY **EXTERNAL USE ONLY**

TOLNAFTATE CREAM 1% GM

(3)Refills 08/07/2002 CDM #1
Rx Exp: 10/02/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed

000151

FCI MCKEAN PHARMACY

118506 G. FAIRBANKS 08/14/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET 3 TIMES A DAY
AFTER MEALS AS NEEDED

IBUPROFEN 800 MG TAB

(1)Refills 08/14/2001 DAO

#21

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

119791 G. FAIRBANKS 09/18/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE TWO TABLETS EVERY EIGHT
HOURS AS NEEDED

ACETAMINOPHEN 500 MG CAPL

(1)Refills 09/18/2001 DAO

#21

FCI MCKEAN PHARMACY

121782 D. OLSON 11/02/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET THREE TIMES
DAILY AS NEEDED WITH FOOD

IBUPROFEN 400 MG TAB

(3)Refills 11/02/2001 DAO

#30

FCI MCKEAN PHARMACY

121783 D. OLSON 11/02/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET 3 TIMES A DAY

PENTOXIFYLLINE 400 MG TAB

(2)Refills 11/02/2001 DAO

#90

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

121784 D. OLSON 11/02/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET DAILY

HYDROCHLOROTHIAZIDE 50 MG TAB

(2)Refills 11/02/2001 DAO

#30

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

121785 D. OLSON
CHERRY, DARRYL LEE
MCKEAN HOUSING FACILITY - A
TAKE ONE TABLET EACH DAY

ASPIRIN, E.C. 325 MG 0090

(2)Refills 11/02/2001 DAO

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

123772 D. OLSON
CHERRY, DARRYL LEE
MCKEAN HOUSING FACILITY - A
TAKE 1 TABLESPOONFUL THREE
TIMES DAILY AND AT BEDTIME
SHAKE WELL (BONNIE SAYLOR)

BISMUTH SUBSAL 262MG/15ML SI

(0)Refills 12/20/2001 DAO

FCI MCKEAN PHARMACY

124216 B. SAYLOR, NP
CHERRY, DARRYL LEE
MCKEAN HOUSING FACILITY -
APPLY TO AFFECTED AREA A
DIRECTED **EXTERNAL USE O

MOISTURIZING CREAM GM

(1)Refills 01/03/2002 CDM

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

125637 D. OLSON, MD
CHERRY, DARRYL LEE
MCKEAN HOUSING FACILITY - A
TAKE ONE TABLET 3 TIMES A D

PENTOXIFYLLINE 400 MG TAB

(2)Refills 02/05/2002 CDM

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

125638 D. OLSON, MD 02/05/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET DAILY

HYDROCHLOROTHIAZIDE 50 MG TAB

(2)Refills 02/05/2002 CDM

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

125639 D. OLSON, MD 02/05/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET EACH DAY

ASPIRIN, E.C. 325 MG 0090

(2)Refills 02/05/2002 CDM

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

125640 D. OLSON, MD 02/05/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
APPLY TO AFFECTED AREA TWO
TIMES A DAY **EXTERNAL USE ONLY**

TOLNAFTATE CREAM 1% GM

(1)Refills 02/05/2002 CDM

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

125641 D. OLSON, MD 02/05/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET THREE TIMES
DAILY AS NEEDED WITH FOOD

NAPROXEN SOD TAB

(2)Refills 02/05/2002 CDM

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

129786 H. BEAM, MD 05/07/02
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
REFUSAL FORM SIGNED FOR
BUPROPION ON 5/16/02

BUPROPION 75 MG TAB

(1)Refills 05/07/2002 CDM

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

Cherry, Darryl Lee

07928-078

000152

m. 4/6

FCI MCKEAN PHARMACY

111991 D. OLSON 02/02/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
APPLY TO AFFECTED AREA TWO
TIMES A DAY **EXTERNAL USE ONLY**

TOLNAFTATE CREAM 1% GM

(0)Refills 02/02/2001 CLO REXEP 02/21/01 #1

FCI MCKEAN PHARMACY

111992 D. OLSON 02/02/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
APPLY TO AFFECTED AREA TWO
TIMES A DAY **EXTERNAL USE ONLY**

HYDROCORTISONE CREAM 1% GM

(0)Refills 02/02/2001 CLO REXEP 02/21/01 #1

FCI MCKEAN PHARMACY

111993 D. OLSON 02/02/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET 3 TIMES A DAY

PENTOXIFYLLINE 400 MG TAB

(8)Refills 02/02/2001 CLO REXEP 02/21/01 #3

FCI MCKEAN PHARMACY

113109 C. MONTGOM 03/08/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET DAILY

HYDROCHLOROTHIAZIDE 50 MG TAB

(2)Refills 03/08/2001 CLO REXEP 03/08/01 #1

FCI MCKEAN PHARMACY

114873 D. OLSON 05/03/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
APPLY TO AFFECTED AREA TWO
TIMES A DAY **EXTERNAL USE ONLY**

CLOTRIMAZOLE 1% CRM

(1)Refills 05/03/2001 CLO REXEP 07/01/01 #1

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

BETAMETHASONE VAL 0.1% CRM

(1)Refills 05/03/2001 CLO REXEP 07/01/01 #1

FCI MCKEAN PHARMACY

114875 D. OLSON 05/03/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET THREE TIMES
DAILY AS NEEDED WITH FOOD

IBUPROFEN 400 MG TAB

(0)Refills 05/03/2001 CLO REXEP 07/01/01 #1

FCI MCKEAN PHARMACY

114876 D. OLSON 05/03/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET 3 TIMES A DAY

PENTOXIFYLLINE 400 MG TAB

(8)Refills 05/03/2001 CLO REXEP 07/01/01 #1

FCI MCKEAN PHARMACY

114877 D. OLSON 05/03/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET DAILY

HYDROCHLOROTHIAZIDE 50 MG TAB

(8)Refills 05/03/2001 CLO REXEP 07/01/01 #1

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

117450 G. FAIRBANKS 07/01/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET 3 TIMES A DAY
AFTER MEALS AS NEEDED

IBUPROFEN 800 MG TAB

(0)Refills 07/12/2001 DAO REXEP 08/01/01 #1

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

117588 J. GOMEZ-LEO 07/17/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET 3 TIMES A DAY AS
NEEDED WITH FOOD

IBUPROFEN 800 MG TAB

(1)Refills 07/17/2001 DAO REXEP 08/01/01 #21

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

118056 D. OLSON 07/31/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET 3 TIMES A DAY

PENTOXIFYLLINE 400 MG TAB

(8)Refills 07/31/2001 DAO REXEP 10/28/01 #30

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

118058 D. OLSON 07/31/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET EACH DAY

ASPIRIN, E.C. 325 MG TAB

(8)Refills 07/31/2001 DAO REXEP 10/28/01 #10

FCI MCKEAN PHARMACY

118193 D. OLSON 08/03/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
TAKE ONE TABLET DAILY

HYDROCHLOROTHIAZIDE 50 MG TAB

(8)Refills 08/03/2001 DAO REXEP 10/31/01 #10

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

118194 D. OLSON 08/03/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
APPLY TO AFFECTED AREA EACH DAY
EXTERNAL USE ONLY

FLUOCINONIDE 0.05% CRM

(0)Refills 08/03/2001 DAO REXEP 09/01/01 #1

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

000153

CI MCKEAN PHARMACY

106686 J. GOMEZ-LEO 08/08/2000 CLO
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
SE AS NEEDED AS DIRECTED
EXTERNAL USE ONLY**

SILVER SULFADIAZINE CREAM

(1)Refills 08/08/2000 CLO RxExp 10/19/00

CI MCKEAN PHARMACY

07038 J. GOMEZ-LEO 08/13/2000 CLO
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
APPLY TO AFFECTED AREA TWO
TIMES A DAY **EXTERNAL USE ONLY**

SILVER SULFADIAZINE CREAM

(1)Refills 08/18/2000 CLO RxExp 10/19/00

CI MCKEAN PHARMACY

0252 G. FAIRBANKS 08/28/2000 CLO
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
TAKE ONE TABLET THREE TIMES
A DAY AS NEEDED WITH FOOD

ROFEN 800 MG TAB

(1)Refills 08/28/2000 DAO RxExp 09/18/00

CI MCKEAN PHARMACY

0115 W. HAMANDI 09/20/2000 CLO
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
APPLY TO AFFECTED AREA AS
DIRECTED **EXTERNAL
USE ONLY**

SILVER SULFADIAZINE CREAM

(1)Refills 09/20/2000 CLO RxExp 10/19/00

CAUTION: Federal/State law prohibits transfer of this drug
to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

108016 W. HAMANDI 09/20/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
TAKE ONE TABLET 3 TIMES A DAY

PENTOXIFYLLINE 400 MG TAB # 30

(2)Refills 09/20/2000 CLO RxExp 10/19/00

CAUTION: Federal/State law prohibits transfer of this drug
to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

108694 J. GOMEZ-LEO 10/13/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
APPLY TO AFFECTED AREA AS
NEEDED **EXTERNAL USE ONLY**

SILVER SULFADIAZINE CREAM

(1)Refills 10/13/2000 CLO RxExp 11/21/00

FCI MCKEAN PHARMACY

109296 D. OLSON 11/03/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
TAKE ONE TABLET 3 TIMES A DAY
WITH FOOD

PENTOXIFYLLINE 400 MG TAB # 30

(8)Refills 11/03/2000 CLO RxExp 01/03/01

CAUTION: Federal/State law prohibits transfer of this drug
to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

111347 W. FLATT 01/11/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
APPLY TO AFFECTED AREA AS
NEEDED **EXTERNAL USE ONLY**

SILVER SULFADIAZINE CREAM 1% GM #1

(2)Refills 01/11/2001 CLO RxExp 03/10/01

CAUTION: Federal/State law prohibits transfer of this drug
to any person other than patient for whom prescribed.

000154

Reg. No. 07928-078

FCI MCKEAN PHARMACY

105590 G. FAIRBANKS 07/05/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
TAKE ONE TABLET THREE TIMES
DAILY AS NEEDED WITH FOOD

IBUPROFEN 800 MG TAB

(1)Refills 07/05/2000 DAO # 21
RxExp 08/13/00

CAUTION: Federal/State law prohibits transfer of this drug

FCI MCKEAN PHARMACY

105842 M. TARR 07/12/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
APPLY TO AFFECTED AREA TWO
TIMES A DAY **EXTERNAL USE ONLY**

SILVER SULFADIAZINE CREAM 1

(1)Refills 07/12/2000 CLO # 1
RxExp 08/10/00

FCI MCKEAN PHARMACY

106686 J. GOMEZ-LEO 08/08/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
USE AS NEEDED AS DIRECTED
EXTERNAL USE ONLY

SILVER SULFADIAZINE CREAM

(2)Refills 08/08/2000 CLO # 1
RxExp 09/03/00

FCI MCKEAN PHARMACY

107038 J. GOMEZ-LEO 08/18/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
APPLY TO AFFECTED AREA TWO
TIMES A DAY **EXTERNAL USE ONLY**

TOLNAFTATE CREAM 1% GM

(2)Refills 08/18/2000 CLO # 1
RxExp 09/03/00

FCI MCKEAN PHARMACY

108016 W. HAMANDI 09/20/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
TAKE ONE TABLET 3 TIMES A DAY

PENTOXIFYLLINE 400 MG TAB

(2)Refills 09/20/2000 CLO # 3
RxExp 10/19/00

CAUTION: Federal/State law prohibits transfer of this drug

FCI MCKEAN PHARMACY

108694 J. GOMEZ-LEO 10/13/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
APPLY TO AFFECTED AREA AS
NEEDED **EXTERNAL USE ONLY**

SILVER SULFADIAZINE CREAM

(1)Refills 10/13/2000 CLO # 1
RxExp 11/21/00

FCI MCKEAN PHARMACY

109298 D. OLSON 11/03/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
TAKE ONE TABLET 3 TIMES A DAY
WITH FOOD

PENTOXIFYLLINE 400 MG TAB

(8)Refills 11/03/2000 CLO # 1
RxExp 01/13/01

CAUTION: Federal/State law prohibits transfer of this drug

FCI MCKEAN PHARMACY

111347 W. FLATT 01/11/01
CHERRY, DARRYL LEE 07928-078
MCKEAN HOUSING FACILITY - A03-104L
APPLY TO AFFECTED AREA AS
NEEDED **EXTERNAL USE ONLY**

SILVER SULFADIAZINE CREAM 1% GM

(2)Refills 01/11/2001 CLO # 1
RxExp 04/11/01

CAUTION: Federal/State law prohibits transfer of this drug

Next Sheet

FCI MCKEAN PHARMACY

106351 M. TARR 07/26/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
TAKE ONE TABLET THREE TIMES
DAILY AS NEEDED AFTER MEALS

IBUPROFEN 800 MG TAB

(1)Refills 07/28/2000 CLO # 21
RxExp 09/03/00

FCI MCKEAN PHARMACY

106352 M. TARR 07/26/00
CHERRY, DARRYL LEE 07928-078
MCK - A03-104L
APPLY TO AFFECTED AREA TWO
TIMES A DAY **EXTERNAL USE ONLY**

SILVER SULFADIAZINE CREAM 1

(0)Refills 07/26/2000 CLO # 1
RxExp 08/14/00

CAUTION: Federal/State law prohibits transfer of this drug

P.O. Box 5000
Bradford, PA 16701

NAME: Cherry, Darryl LeeReg. No. 07928-078

000155

Name

Cherry

Reg. #: *07928-078*

DOB:

Race

Sex

HEPATITIS CLINIC FLOWSHEET
 Hepatitis Type: B C ✓

Criterion	Baseline	Month:	Month:	Month:	Month:	Month:	Month:
Date	<i>2/1/01</i>						
Vital Signs T-P-R Blood Pressure	<i>72 110/70</i>						
Weight:	<i>203</i>						
Symptomatology (Check if applicable) Absent	<i>(✓)</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>
Nausea/Vomiting	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>
Abdominal Pain	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>
Fatigue/Lethargy	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>
Dark Urine	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>
Jaundice	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>
Other (Specify)	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>
Physical Findings Skin Abdomen	<i>nl</i>						
Laboratory Liver Profile Other	<i>(nl)</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>	<i>()</i>
Education	<i>Y</i>						
Staff Signature /Credentials	<i>✓</i>						

*All entries on flowsheet are to correspond to clinical documentation in Progress Notes. S.O.A.P. format.

FCI McKean
 P.O. Box 5000
 MCKEAN, PA 16761

000156

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM 7/12/00
1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Cherry Larry</i>		2. IDENTIFICATION NUMBER <i>07928-088</i>		3. GRADE AND COMPONENT OR POSITION
4. HOME ADDRESS (Number, street or R.F.D., city or town, state and ZIP code) <i>X NONE</i>		5. EMERGENCY CONTACT (Name and address of contact) <i>HELEN CHERRY X 7600 N ARINC + 512</i>		
6. DATE OF BIRTH <i>X</i>	7. AGE <i>X 47</i>	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE		9. RELATIONSHIP OF CONTACT <i>X MOTHER</i>
10. PLACE OF BIRTH <i>X DETROIT MICHIGAN</i>		11. RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY <i>ROP DOT</i>		12b. ORGANIZATION UNIT <i>McKean</i>		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS FCI McKean P.O. Box 5000 Bradford, PA 16701		15. RATING OR SPECIALTY OF EXAMINER		
		16. PURPOSE OF EXAMINATION <i>A+O</i>		

17. CLINICAL EVALUATION				
NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP		O. PROSTATE (Over 40 or clinically indicated)	
<input checked="" type="checkbox"/>	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		P. TESTICULAR	<i>NE</i>
<input checked="" type="checkbox"/>	C. DRUMS (Perforation)		Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
<input checked="" type="checkbox"/>	D. NOSE		R. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	E. SINUSES		S. G-U SYSTEM	
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT		T. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		U. FEET	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	H. OPHTHALMOSCOPIC		V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)		W. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST		Y. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)		Z. NEUROLOGIC (Equilibrium tests under item 41)	
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)		AA. PSYCHIATRIC (Specify any personality deviation)	<i>NE</i>
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)		BB. BREASTS	
			CC. PELVIC (Females only)	<i>N/A</i>

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

X. scars - knife wounds - bilat FA's
U & V. leg ulcers - @ ankle x 4 , @ foot x 1
(+) edema @ ankle x 3
bilat 2° to venous insufficiency

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">0</td> <td style="width:5%;">1</td> <td style="width:5%;">2</td> <td style="width:5%;">3</td> <td style="width:10%;">Restorable</td> <td style="width:5%;">1</td> <td style="width:5%;">2</td> <td style="width:5%;">3</td> <td style="width:10%;">Non-restorable</td> <td style="width:5%;">1</td> <td style="width:5%;">2</td> <td style="width:5%;">3</td> <td style="width:10%;">Missing</td> <td style="width:5%;">X</td> <td style="width:5%;">X</td> <td style="width:5%;">X</td> <td style="width:10%;">Replaced by</td> <td style="width:5%;">X</td> <td style="width:5%;">X</td> <td style="width:5%;">X</td> <td style="width:10%;">Fixed Partial</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Teeth</td> <td></td> <td></td> <td></td> <td>teeth</td> <td></td> <td></td> <td></td> <td>Teeth</td> <td></td> <td></td> <td></td> <td>Dentures</td> <td></td> <td></td> <td></td> <td>Dentures</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>																		0	1	2	3	Restorable	1	2	3	Non-restorable	1	2	3	Missing	X	X	X	Replaced by	X	X	X	Fixed Partial					Teeth				teeth				Teeth				Dentures				Dentures																																												
0	1	2	3	Restorable	1	2	3	Non-restorable	1	2	3	Missing	X	X	X	Replaced by	X	X	X	Fixed Partial																																																																																			
				Teeth				teeth				Teeth				Dentures				Dentures																																																																																			

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)	
(2) URINE ALBUMIN	(4) MICROSCOPIC		
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

NAME CHERRY, DARRYL				IDENTIFICATION NUMBER 07728-078				NO. OF SHEETS ATTACHED			
MEASUREMENTS AND OTHER FINDINGS											
20. HEIGHT 73"		21. WEIGHT 246		22. COLOR HAIR black		23. COLOR EYES brown		24. BUILD <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		25. TEMPERATURE 97.7	
26. BLOOD PRESSURE (Arm at heart level)						27. PULSE (Arm at heart level)					
A. SITTING SYS. 124 DIAS. 86		B. RECUM-BENT SYS. DIAS.		C. STANDING (5 mins.) SYS. DIAS.		A. SITTING 68		B. RECUM-BENT		C. STANDING (3 mins.)	
28. DISTANT VISION				29. REFRACTION				30. NEAR VISION			
RIGHT 20/ 200		CORR. TO 20/		BY		S.		CX		CORR. TO	
LEFT 20/ 20		CORR. TO 20/		BY		S.		CX		CORR. TO	
31. HETEROPHORIA (Specify distance)											
ESO		EXO		R.H.		L.H.		PRISM DIV.		PRISM CONV. CT	
32. ACCOMMODATION				33. COLOR VISION (Test used and result)				34. DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
RIGHT N		LEFT N		Snellen 7 (N)						CORRECTED	
35. FIELD OF VISION				36. NIGHT VISION (Test used and score)				37. RED LENS TEST		38. INTRAOCULAR TENSION	
RIGHT N		LEFT N								RIGHT LEFT	
39. HEARING				40. AUDIOMETER				41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV N		/15 SV		/15		250 256		500 512		1000 1024	
LEFT WV N		/15 SV		/15		2000 2048		3000 2896		4000 4096	
						6000 6144		8000 8192			
						RIGHT		LEFT			
						LEFT					

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

47 y/o black male
NKDA
(+) H/o IVDA x 20 years
no hx of tuberculosis

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Venous Insufficiency x 12 years
w/ leg ulcers
at age 14 - bone graft to ① + ② ankles

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Hsp Barium, Anti-HCV, liver profile, UA
Optometry consult

46. EXAMINEE (Check)

A. ☐ IS QUALIFIED FORB. ☐ IS NOT QUALIFIED FOR

on Convalescence - renewable
2° to Venous Insuff.

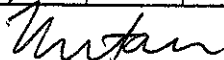
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

→ No P/S, Medical or barber shop pending lab

48. TYPED OR PRINTED NAME OF PHYSICIAN

M. Tarr, MLP

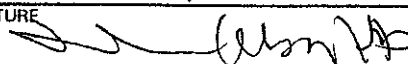
SIGNATURE



49. TYPED OR PRINTED NAME OF PHYSICIAN

D. Olson, MD

SIGNATURE



50. TYPED OR PRINTED NAME OF DENTIST OR PUBLIC DENTURIST (State which)

Clinical Director

SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: OPTOMETRIST FROM: (Requesting physician or activity) Dennis Olson, MD, CD DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

EYE EXAM :

SUBJECTIVE: amblyopia OS

11.00-150x95
+4.00 20/50 21.50

77

52x24x6 1/2

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

D. OLSON, M.D.

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE ☐ ON CALL

☐ ROUTINE ☐ TODAY
☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☒ YES ☐ NO

Visual Acuity Distance OD 20/30 OS 20/200
Near OD J2 OS J5
TONOMETRY: OD
OS
uncorrected

External normal

Internal media clear fundus normal

Refraction OD +1.00 -1.25 90 20/20 71.75
OS +4.50 20/50

52x24x6 1/2
19

Diagnosis amblyopia

Analysis requires bifocal eyeglasses

Plan order bifocal eyeglasses

(Continue on reverse side)

SIGNATURE AND TITLE

Christian J. Horvath

DATE

2/9/05

IDENTIFICATION NO.

ORGANIZATION

FCL McKean

REGISTER NO.

07928 078

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Cherry, David

Reviewed by D. Olson, MD

Date: 2/10/05

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

000159